FORM 5(10/06) **United States Bankruptcy Court** INVOLUNTARY PETITION Northern District of Illinois IN RE (Name of Debtor - If Individual: Last, First, Middle) ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) **OPTOBIONICS CORPORATION** OPTOBIONICS MERGER CORPORATION OPTOBIONICS CORP. LAST FOUR DIGITS OF SOC. SEC. NO./Complete EIN or other TAX I.D. NO. (If more than one, state all.) FEIN #055844526 - IL CORP FILE #62332913 STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) MAILING ADDRESS OF DEBTOR (If different from street address) 850 East Diehl Road Suite 120 Naperville, IL 60563-9386 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Dupage LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses) CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED Chapter 7 ☐ Chapter 11 INFORMATION REGARDING DEBTOR (Check applicable boxes) Type of Debtor Nature of Debts Nature of Business (Check one box) (Check one box) (Form of Organization) ☐ Health Care Business ☐ Individual (Includes Joint Debtor) ☐ Single Asset Real Estate as defined in Petitioners believe: Corporation (Includes LLC and LLP) 11 U.S.C. § 101(51)(B) ☐ Debts are primarily consumer debts ☐ Partnership ☐ Railroad Debts are primarily business debts Other (If debtor is not one of the above entities, ☐ Stockbroker check this box and state type of entity below.) Commodity Broker Clearing Bank Other VENUE FILING FEE (Check one box) Debtor has been domiciled or has had a residence, principal Full Filing Fee attached place of business, or principal assets in the District for 180 Petitioner is a child suport creditor or its representative, and the form specified days immediately preceding the date of this petition or for in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. a longer part of such 180 days than in any other District. [If a child support creditor or its representative is a petitioner, and if the A bankruptcy case concerning debtor's affiliate, general petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of partner or partnership is pending in this District. 1994, no fee is required.] PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.) Name of Debtor Case Number Date Relationship District Judge ALLEGATIONS COURT USE ONLY (Check applicable boxes) Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; 3.b. Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

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OFFICIAL FORM 5 - Involuntary Petition - Page 2

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☐ Check this box if there has been a transfer transfer and any statements that are require		ebtor by or to any petitioner. Attach all do	ocuments evidencing the
Petitioner(s) request that an order for relief be entere petitioner is a foreign representative appointed in a f	REQUEST F	chapter of title 11, United States Code, specif	ied in this petition. If any
Petitioner(s) declare under penalty of perjury that the correct according to the best of their knowledge, info	e foregoing is true and	copy of the order of the court granting recogn	mon is attached.
correct according to the best of their knowledge, line	ination, and benci.	x/s/ Chad H. Gettleman, Esq.	May 3, 2007
X		Signature of Attorney	Date
X Signature of Petitioner or Representative (Sta	ate title)	Chad II Cattleman Far	
John S. Pollack, MD		Chad H. Gettleman, Esq. Name of Attorney Firm (If any)	
Name of Petitioner Date Signed Name & Mailing Address of Individual 23W341 Foxwood Ct.		Adelman & Gettleman, Ltd. ´ 53 W. Jackson Boulevard Suite 1050 Chicago, IL 60604-3107	
Signing in Representative Naperville, IL 605 Capacity	640	Address Telephone No. 312-435-1050	
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		χ/s/ Chad H. Gettleman, Esq.	May 3, 2007
XSignature of Petitioner or Representative (St.		Signature of Attorney	Date
		Chad H. Gettleman, Esq.	
Medical Inst. Dev. Laboratories, Inc. Name of Petitioner	<u>May 3, 200</u> 7 Date Signed	Name of Attorney Firm (If any)	
	•	Adelman & Gettleman, Ltd. 53 W. Jackson Boulevard	
Name & Mailing Medical Inst. Dev. Laboratories, Inc.		Suite 1050 Chicago, IL 60604-3107	
Signing in Representative 557 McCormick S Capacity San Leandro, CA	St. A 94577	Address Telephone No. 312-435-1050	
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		X/s/ Chad H. Gettleman, Esq.	May 3, 2007
X. Signature of Petitioner or Representative (St	oto titla)	Signature of Attorney	Date
		Chad H. Gettleman, Esq.	
Kirk Packo, MD Name of Petitioner	May 3, 2007 Date Signed	Name of Attorney Firm (If any) Adelman & Gettleman, Ltd.	
Name & Mailing Kirk Packo		53 W. Jackson Boulevard Suite 1050	
Address of Individual Signing in Representative 15959 S. Park A South Holland, Il		Chicago, IL 60604-3107	
Capacity	2 00 110	Address Telephone No. 312-435-1050	
	PETITIONING	G CREDITORS	
Name and Address of Petitioner	Nature of Claim		Amount of Claim
John S. Pollack, MD 23W341 Foxwood Ct. Naperville, IL 60540	Trade Debt		6,250.00
Name and Address of Petitioner	Nature of Claim		Amount of Claim
Medical Inst. Dev. Laboratories, Inc. c/o Peter Hyde 557 McCormick St. San Leandro, CA 94577	Trade Debt		94,455.00
Name and Address of Petitioner	Nature of Claim		Amount of Claim
Kirk Packo, MD 15959 S. Park Ave. South Holland, IL 60473	Trade Debt		6,250.00
Note: If there are more than three petitioners perjury, each petitioner's signature und creditor information in the format above	er the statement and the n		Total Amount of Petitioners' Claims 106,955.00

Peter Hyde

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Page 3 of 5		

OFFICIAL FORM 5 - Involuntary Petition - Page 2

Name of Debtor_OPTOBIONICS CORPUBATION
Case No.

TRANSFER OF CLAIM			
Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).			
	REQUEST F	OR RELIEF	of the selection of the second
Petitioner(s) request that an order for relief be entered at petitioner is a foreign representative appointed in a foreign	gainst the debtor under the gn proceeding, a certified	chapter of title 11, United States Code, specific copy of the order of the court granting recognit	ion is attached.
Petitioner(s) declare under penalty of perjury that the for correct according to the best of their knowledge, informa-	regoing is true and ation, and belief.		
•		x/s/ Chad H. Gettleman, Esq.	May 3, 2007
X Signature of Petitioner or Representative (State)		Signature of Attorney	Date
Signature of Petitioner or Representative (State	title)	Chad H. Gettleman, Esq.	
John S. Pollack, MD	May 3, 2007	Name of Attorney Firm (If any)	
Name of Petitioner	Date Signed	Adelman & Gettleman, Ltd. 53 W. Jackson Boulevard	
Name & Maiting John S. Pollack, MD Address of Individual 23W341 Foxwood C		Suite 1050 Chicago, IL 60604-3107	
Signing in Representative Naperville, il. 60540	154	Address	
Capacily		Telephone No. 312-435-1050	
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" Att Rady - CFO	1	x/s/ Chad H. Gettleman, Esq.	May 3, 2007
X //// CO		Signature of Attorney	Date
Signature of Petitioner of Representative (State	uuc)	Chad H. Gettleman, Esq.	
Medical Inst. Dev. Laboratories, Inc.	May 3, 2007	Name of Attorney Firm (If any)	•
Name of Petitioner	Date Signed	Adelman & Gettleman, Ltd. 53 W. Jackson Boulevard	
Name & Mailing Medical Inst. Dev. L. Address of Individual c/o Peter Hyde	aboratories, Inc.	Suite 1050 Chicago, IL 60604-3107	
Signing in Representative 557 McCormick St.		Address	,
Capacity San Leandro, CA 9	45 <i>77</i>	Telephone No. 312-435-1050	
		x/s/ Chad H. Gettleman, Esq.	May 3, 2007
Χ.		Signature of Attorney	Date
Signature of Petitioner or Representative (State	•	Chad H. Gettleman, Esq.	
Kirk Packo, MD	May 3, 2007	Name of Attorney Firm (If any) Adelman & Geilleman, Ltd.	
Name of Petitioner	Date Signed	53 W. Jackson Boulevard	
Name & Mailing Kirk Packo 15959 S. Park Ave		Suite 1050 Chicago, IL 60604-3107	
Signing in Representative South Holland, IL 6		Address	
Capacity		Telephone No. 312-435-1050	
Antiquation in a contract of the contract of t	PETITIONIN	G CREDITORS	
Name and Address of Petitioner	Nature of Claim		Amount of Claim
John S. Pollack, MD 23W341 Foxwood Ct.	Trade Debt		6,250.00
Naperville, IL 60540			
	27 (Amount of Claim
Name and Address of Petitioner Medical Inst. Dev. Laboratories, Inc.	Nature of Claim Trade Debt		
c/o Peter Hyde			94,455.00
557 McCormick St. San Leandro, CA 94577			
Name and Address of Petitioner	Nature of Claim		Amount of Claim
Kirk Packo, MD Trade Debt 6,2		6,250.00	
South Holland, 1L 60473			
Note: If there are more than three petitioners, a	tach additional sheets	with the statement under penalty of	Total Amount of
perjury, each petitioner's signature under	the statement and the	name of attorney and petitioning	Petitioners' Claims 106,955.00
creditor information in the format above.			

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OFFICIAL FORMS - Involuntory Pallicon - Page 2

Page 4 of 5		
Name of Debtor OPTOBIONICS CORPO	RATION	
Case No.	historia de la companio de la compa	

Check this box if there has been a trop		ER OF CLAIM	
Check this box if there has been a tran transfer and any statements that are rec	ulred under Bankruptcy R	ic debtor by or to any petitioner. Attach ule 1003(e).	all documents evidencing the
Patitionar(a) request that an order for relief be an petitionar is a foreign representative appointed in	REQUES itered against the debtor under a foreign proceeding, a certification.	The second secon	
Petitionsr(s) declare under penalty of perjury that correct according to the best of their knowledge,	t the foregoing is true and information, and belief.	,	
X Signature of Petitloner or Representative (State virle)	X/s/ Chad H. Gattleman, Esq. Signature of Attorney	May 3, 200
John S. Pollack, MD Name of Petitioner	May 3, 2007 Date Signed		Jac
Name & Mailing John S. Pollack Address of Individual 23W341 Foxwork Signing in Representative Naperville, IL &	s, MD and CL 1540	53 W. Jackson Boulavard Suite 1050 Chicago, IL 60604-3107 Address	
		Telephone No. 312-435-1050	
X		X/s/ Chad H. Gottlemen, Eaq.	May 3, 200
Signature of Petitioner or Representative (S	rate title)	Signature of Attorney	Date
Medical Inst. Dev. Laboratories, Inc. Name of Petitioner	May 3, 2007	Chad H. Gettleman, Esq.	
Name & Mailing Address of Individual Signing in Representative Capacity Medical Inst. Dev. Laboratories, Inc. C/o Peter Hyde 557 McComplek St. San Leandro, CA 2/1572		Name of Attorney Firm (If any) Adelman & Gettleman, Ltd. 53 W. Jackson Eoulevard Suite 1050 Chicago, IL 60604-3107	• "
Capacity San Leandro, C.	8t. A 94577	Address Telephone No. 312-435-1080	
x killer		x/s/ Chad H. Gettlemen, Esq.	May 3, 2007
Signature of Petitioner of Representative (St	Me HUE)	Signature of Attorney	Date
Kirk Packo, MD Name of Petitioner	May 3, 2007	Chad H. Gettlernan, Esq.	
Name & Mailing Kirk Packo Address of Individual 15859 S. Park Ave. Signing in Representative South Holland, IL 80473		Name of Atomey Firm (If any) Adeiman & Gettleman, Ltd. 53 W. Jackson Boulevard Suite 1050 Chicago, IL 60604-3107	
apacity		Address Telephone No. 312-435-1060	
Y.	PETITIONING		
Name and Address of Petitioner John S. Pollack, MD 23W341 Foxwood Ct.	Nature of Claim Trade Debt		Amount of Claim
Jeans and Addition (1)			6,250.00
Medical inst. Day. Laboratories, Inc.	Nature of Claim Trade Debt		Amount of Claim
Medical Inst. Dev. Laboratories, Inc. 20 Peter Hyda 20 Peter Hyda 567 McCormick St. San Leandro, CA 84677			94,455.00
Sirk Packo, MD 5989 S. Perk Ave	Nature of Claim Trade Debt		Amount of Claim
			6,250.00
ote: If there are more than three petitioners, a perjury, each petitioner's signature under creditor information in the format above.	ituch additional sheets wit the statement and the non	h the statement under penalty of the of attorney and petitioning	Total Amount of Petitioners' Claims
(c) 1006-2007, Best Case Sciulions & Exercise 11	O continuatio	n sheets attached	106,965.00

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Name of Debtor_OPTOBIONICS CORPORATION

GPPICAL FORM 5 - Involuntary Petition - Page 2		Case No	
Check this box if there has been a transfer transfer and any statements that are requir	of any claim against the	R OF CLAIM debtor by or to any petitioner. Attach all 2 1003(a).	documents evidencing the
Petitioner(s) request that an order for relief be entered petitioner is a foreign representative appointed in a	d amphort that the source day th	FOR RELIEF to chapter of title 11. United States Code, spe	cified in this potition. If any
petitioner is a foreign representative appointed in a foreign representative appointed in a foreign period of period that the correct according to the best of their knowledge, info	a Canadalan in time and	depty of the order of the court granting reco	gnition is attached.
X Signature of Petitioner or Representative (Str. John S. Pollack, MD Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity John S. Pollack, I 23W341 Foxwood Naperville, IL 605	May 3, 2007 Date Signed	X/s/ Chad H. Gettleman, Esq. Signature of Attorney Chad H. Gettleman, Esq. Name of Attorney Firm (If any) Adelman & Gettleman, Ltd. 53 W. Jackson Boulovard Suito 1050 Chicago, IL 60604-3107 Address Telephone No. 312-435-1050	Date
XSignature of Petitioner or Representative (Sta	· ·	X/s/ Chad H. Gattleman, Esq. Signature of Attorney	The state of the s
Madical Inst, Dev. Laboratories, Inc. Name of Petitioner Name & Mailing Address of Individual Signing in Representative Capacity Medical Inst. Dev. Laboratories, Inc. c/o Peter Hydo 557 McCormick St. San Leandro, CA 94577		Chad H. Gettleman, Esq. Name of Attorncy Firm (If any) Adelman & Gettleman, Ltd. 53 W. Jackson Boulevard Suito 1050 Chicago, IL 60604-3107 Address Telephone No. 312-435-1050	
X. Signature of Petitioner or Representative (Statistic Packo, MD Name of Petitioner Name & Mailing Kirk Packo Address of Individual 15969 S. Park Av Signing in Representative South Holland, IL Capacity	May 3, 2007 Date Signed	X/s/ Chad H. Gettleman, Esq. Signature of Attorney Chad H. Gettleman, F.sq. Name of Attorney Firm (If any) Adelman & Gettleman, I.d. 53 W. Jackson Boulevard Suite 1050 Chicago, IL 60504-3107 Address Telephone No. 312-435-1050	May 3, 2007 Date
	PETITIONING	CREDITORS	
Name and Address of Politioner John S. Pollack, MD 23W341 Foxwood Cl. Naperville, II., 60540	Nature of Claim Trade Debt		Amount of Claim 6,250.00
Name and Address of Potitioner Medical Inst. Dev. Laboratories, Inc. c/o Peter Hyde 557 McCormick St. San Leandro, CA 94577	Nature of Claim Trade Debt		Amount of Claim 94,455.00
Name and Address of Petitioner Kirk Packo, MD 15959 S. Pork Avo. South Holland, II, 60473	Nature of Claim Trado Dobt		Amount of Claim 6,250.00
Note: If there are more than three petitioners, a perjury, each petitioner's signature under creditor information in the format above.	THE STOTE OF A PART OF A PART	th the statement under penalty of me of attorney and petitioning	Total Amount of Petitioners' Claims 106,955,00